Formulation of new National Blood Policy

1455. SHRI VIJAY J. DARDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Union Government have formulated new National Blood Policy;

(b) if so, the details thereof;

(c) the details of the policy thrust;

(d) the fresh initiatives taken to ensure the required quantity and quality of blood; and

(e) the details of steps takeivproposed for strengthening regulatory monitoring mechanism?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHII-MALAI): (a) to (c) A comprehensive National Blood Policy has been form i lated by the National Blood Transfusion Council. The Draft Policy has been widely circulated to all the state Governments' Union Territories, Blood Banks^Associ?.-tions and eminent Doctors, etc. for thi ir views and suggestions. Based on the co. 1-ments of the above, the Policy will t' finalised. The objective of the Draft National Blood Policy is to plan for development of nation-wide system in order to ensure easily accessible and adequate supply of safe and quality blood and components for all irrespective of economic or social status. The Policy would aim to improve the quality of blood transfusion services through a comprehensive and total management approach. The Draft National Blood Policy aims at the following strategy for providing safe blood and blood products:

(i) Strengthening the National Blood Transfusion Services making it an integral part of the health care system.

(ii) Ensuring adequate supply of blood to all blood centres.

(iii) Ensuring safety of blood and blood products.

(iv) Developing facilities for production of components.

(v) Developing and stserngthen-ing facilities for Plasma fractionation.

(vi) Strengthening quality control of blood and blood products.

(vii) Undertaking research on Blood Transfusion Services operations to improve safety, efficacy in supply of blood.

(viii) Developing and strengthening effective management, monitoring and evaluation of the Blood Transfusion Services.

(d) and (e) The Blood Banks are regulated under a licence issued jointly by State and Central Drugs Control Department after insection. The requirements for grant of licence to a Blood Bank are prescribed under part XII-B and XII-C of Scheduled 'F' of Drugs & cosmetics Rules, 1945.

The conditions of licence are prescribed in Part-XB of Drugs and Cosmetics Rules. Under the provisions of Drugs and Cosmetics Rules, each unit of blood have to be tested for blood group, Haemoglobin HIV 1&2 anti-bodies, Hepatitis-B, Surface Antigen, Malaria and VDRL before issue. Consequent to a public litigation and the directions of Supreme Court the existing requirements of blood banks in the Drugs and Cosmetics Rules have been revised including banning of donation of blood from professional paid donors. The revised legislation also includes criteria for selection of donors, quality control of Reagents, de-feral system of blood donors, procedure of blood donation camp, Standard Operating procedures and Good Manufacturing Practices. The Supreme Court of India also directed all the StatesUTs to eliminate collection of blood from professional paid donors by end of 1997. The StatesUTs have already started implementing this direction of Supreme Court of India. The States are monitoring by way of inspection with regard to functioning of the Blood Bank under the provisions of Drugs and Cosmetics Rules. Under Capacity Builrtinu Project, streng-

thening of regulatory function both at the Centre and at the States have been envisaged.

Death of Children due to respiratory Infection

1456. SHRI PRAFULL GORADIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that the World Resources Institute, an International Research Organisation, has in its latest report stated that about four million children the world over die of acute respiratory infection each year as a result of environmentally acquired dis eases;

(b) if so, whether Government have taken steps to formulate and implement preventive strategies in this regard; and

(c) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) Yes, Sir.

(b) and (c) With the objective of improving air quality of the cities in the country a major programme for improving all automotive fuels such as motor gasoline and diesel has been introduced in the country in a phased manner. Low lead petrol (0.15 gm per litre lead content) has been introduced and unleaded petrol has been made available in selected cities. Diesel containing 0.5 percent sulphur has also been introduced. A Vehicular Pollution Control Mission has been launched in Delhi to control pollution from on road vehicles. The Central Pollution Control Board (CPCB), the apex body for assessment, monitoring and control of weather and Air pollution executes the responsibilities for enforcement of the acts for Prevention and Control of Water and Control of Water and Air Pollution.

Under the Reproductive and Child Health Programme facilities for early diagnosis, management and prevention of deaths due to acute respiratory infections in children under the age of 5 years are being provided.

Use of out-dated Equipment and Medicines in Government hospitals

1457. SHRIMATI JAYAPRADA NAHATA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether G.B. Pant and other Hospitals are using outdated equipment and medicines;

(b) if so, the reasons therefor; and

(c) the measures proposed to set right the affairs in Government hospitals?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) to (c) Central Government Hospitals in Delhi are not using outdated equipment and medicines. Information relating to G.B. Pant Hospital, which is under Government of NCT of Delhi, is being obtained.

Re-Oricntation of Ayurvedic syllabus

1458. SHRI NARENDRA MOHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Supreme Court has allowed the State Governments to let vaids, hakims, etc. to prescribe allopathic drugs also, if so, whether Government are thinking of reorienting the Ayurvedic education syllabus accordingly; and

(b) If so, whether this opportunity would also be taken to widen the scope of R&D in this system of medicine?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI: (a) No, Sir.

(b) The question docs not arise.